Why Participate?

- Sharing data maximizes awareness and use of existing data
- Promotes innovation and potential new data uses
- Improves decision making and can lead to better policies

Program Benefits

Hospitals that participate in the Data Collection Initiative will receive the following:

- A key role in the assessment of heart attack and stroke care in Texas.
- An opportunity to attend annual quality improvement trainings hosted by DSHS' Heart Disease and Stroke Program.
- A copy of DSHS reports addressing the current state of systems of care for stroke and heart attack across the state.

In addition, DSHS plans to recognize EMS agencies, hospitals, and RACs for their innovative systems of care improvement strategies.

Our hospital participates because the Initiative supports our Chest **Pain and Stroke Accreditation** efforts and will help improve care for our patients.

Anita Gottlieb, System Director of Quality, CHI St. Luke's Health Memorial

DSHS distributes annual reports to the Data Collection Initiative Collaborative Members: American Heart Association, Governor's EMS and 'Data points collected are similar to national Hospitals voluntarily share their aggregate data directly with RACs Stroke Program/ Office of Surveillance, Evaluation and Research Hospitalization **Texas Department of State Health Services** Hospitals voluntarily share their de-identified (National Standard: Get With The Guidelines $^{ extstyle extstyle}$ data through National Registries Stroke and ACTION Registries) **Heart Disease &** EMS Agencies participate **Pre-Hospitalization** through Texas EMS and Registries Trauma

systems of care are enabled by the RACs through coalition activities, with technical assistance from DSHS. Key players for

as posted to the public website.

Improved

regional improvement include RACs, hospitals, EMS agencies, public health departments, and American Heart Association.

Community Hospitals. Reports are also disseminated to participating hospitals and other stakeholders,

Trauma Advisory Committee, RACs, Texas Council on Cardiovascular Disease and Stroke, Texas Hospital Association, and Texas

Texas Heart Attack and Stroke **Data Collection Initiative**

HOSPITAL

Program Overview

PARTICIPATION





Background and Purpose

During the 83rd and 84th Regular Texas
Legislative Sessions (Riders 97 and 67,
respectively), lawmakers appropriated funds to the
Texas Department of State Health Services (DSHS) to
improve the collection of heart attack and stroke data
throughout Texas. Prior to the DSHS-managed Texas
Heart Attack and Stroke Data Collection Initiative,
DSHS did not have access to statewide heart attack or
stroke hospital data.

The collection of comprehensive hospital, and prehospital, data through the Data Collection Initiative will enable DSHS to:

- Conduct gap analyses;
- Identify areas for improvement; and, ultimately,
- Improve care and outcomes for patients

Hospitals do not submit their data directly to DSHS.

Hospitals may choose to participate with DSHS through enrollment in national registries and/or through data submitted to the Regional Advisory Councils (RAC).

National Registries:

- Acute Coronary Treatment and Intervention
 Outcomes Network (ACTION) Registry—Get
 With The Guidelines® (GWTG)
- Get With The Guidelines® (GWTG) Stroke Registry

Hospitals enrolled in **national registries** are able to input patient data and monitor performance and quality measures directly for their hospital, independent of participation in the DSHS Data Collection Initiative.

RACs:

- STEMI Data Collection Tool
- Stroke Data Collection Tool

DSHS designed the **RAC** data collection tools to collect data similar to the core measures collected through ACTION Registry-GWTG and GWTG-Stroke. These tools, however, do not provide a mechanism for hospitals to input patient data or monitor their own performance and quality measures. Hospitals should follow up with their RAC to see what improvement capabilities may be available for their region. RACs aggregate hospital data for their region *before* submitting it to DSHS.

DSHS encourages hospitals to participate in both the heart attack <u>and</u> stroke components when feasible. Hospitals may participate through any combination of the four tools listed above.

The flowchart on the back of this brochure further illustrates how DSHS, in managing this initiative, receives de-identified pre-hospital and hospital data, and how the data collected is then used to improve the systems of care.

Data Collection & Sharing

All data accessed by DSHS is protected under HIPAA privacy and security laws and is not shared with external entities or organizations.

DSHS reports only provide aggregate numbers and will not identify individual hospitals or patients.

The most recent DSHS reports can be downloaded from the program website (link below).

Gap analysis findings are presented at the Governor's EMS and Trauma Advisory Council and Texas Council on Cardiovascular Disease and Stroke quarterly meetings, which are open to the public, as well as shared with all stakeholders and made available online.

DSHS obtains the data that is being entered in the national databases directly from the vendors who manage these databases. DSHS will not retrieve a hospital's data unless the hospital agrees to participate in the initiative and submits the forms included in the packet. DSHS obtains the data that is submitted to the RACs directly from each RAC after they have combined all data for their region.

Contact Us

Heather Bullis, MPH
Program Coordinator
(512) 776-3434
Heather.Bullis@dshs.state.tx.us

Visit us on the web: http://

www.dshs.texas.gov/HDSDataInitiative.shtm